DEPARTMENT OF THE AIR FORCE
59TH MEDICAL WING (AETC)
JOINT BASE SAN ANTONIO - LACKLAND TEXAS

18 MAY 2016

MEMORANDUM FOR ST
ATTN: SANDRA VALTIER

FROM: 59 MDW/SGVU

SUBJECT: Professional Presentation Approval

1. Your paper, entitled **Feasibility of Implementing an Opioid Risk Mitigation System** presented at/published to the **2016 SURF Meeting, TX 20 May 2016** with MDWI 41-108, and has been assigned local file #**16213.**

2. Pertinent biographic information (name of author(s), title, etc.) has been entered into our computer file. Please advise us (by phone or mail) that your presentation was given. At that time, we will need the date (month, day and year) along with the location of your presentation. It is important to update this information so that we can provide quality support for you, your department, and the Medical Center commander. This information is used to document the scholarly activities of our professional staff and students, which is an essential component of Wilford Hall Ambulatory Surgical Center (WHASC) internship and residency programs.

3. Please know that if you are a Graduate Health Sciences Education student and your department has told you they cannot fund your publication, the 59th Clinical Research Division may pay for your basic journal publishing charges (to include costs for tables and black and white photos). We cannot pay for reprints. If you are 59 MDW staff member, we can forward your request for funds to the designated wing POC.

4. Congratulations, and thank you for your efforts and time. Your contributions are vital to the medical mission. We look forward to assisting you in your future publication/presentation efforts.

Linda Steel-Goodwin

LINDA STEEL-GOODWIN, Col, USAF, BSC
Director, Clinical Investigations & Research Support

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

INSTRUCTIONS

USE ONLY THE MOST CURRENT 59 MDW FORM 3039 LOCATED ON AF E-PUBLISHING

1. The author must complete page two of this form:
   a. In Section 2, add the funding source for your study [e.g., 59 MDW CRD Graduate Health Sciences Education (GHSE) (SG5 O&M); SG5 R&D; Tri-Service Nursing Research Program (TSNRP); Defense Medical Research & Development Program (DMRDP); NIH; Congressionally Directed Medical Research Program (CDMRP) ; Grants; etc.]

   b. In Section 2, there may be funding available for journal costs, if your department is not paying for figures, tables or photographs for your publication. Please state "YES" or "NO" in Section 2 of the form, if you need publication funding support.

2. Print your name, rank/grade, sign and date the form in the author's signature block or use an electronic signature.

3. Attach a copy of the 59 MDW IRB or IACUC approval letter for the research related study. If this is a technical publication/presentation, state the type (e.g. case report, QA/QI study, program evaluation study, informational report/briefing, etc.) in the "Protocol Title" box.

4. Attach a copy of your abstract, paper, poster and other supporting documentation.

5. Save and forward, via email, the processing form and all supporting documentation to your unit commander, program director or immediate supervisor for review/approval.

6. On page 2, have either your unit commander, program director or immediate supervisor:
   a. Print their name, rank/grade, title; sign and date the form in the approving authority's signature block or use an electronic signature.

7. Submit your completed form and all supporting documentation to the CRD for processing (59crdpubspres@us.af.mil). If you have any questions or concerns, please contact the 59 CRD/ Publications and Presentations Section at 292-7141 for assistance.

8. The 59 CRD/Publications and Presentations Section will route the request form to clinical investigations, 502 ISG/JAC (Ethics Review) and Public Affairs (59 MDW/PA) for review and then forward you a final letter of approval or disapproval.

9. Once your manuscript, poster or presentation has been approved for a one-time public release, you may proceed with your publication or presentation submission activities, as stated on this form. **Note:** For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.

10. If your manuscript is accepted for scientific publication, please contact the 59 CRD/Publications and Presentations Section at 292-7141. This information is reported to the 59 MDW/CC. All medical research or technical information publications/presentations must be reported to the Defense Technical Information Center (DITC). See 59 MDWI 41-108, *Presentation and Publication of Medical and Technical Papers,* for additional information.

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement:
"The views expressed are those of the [author(s)] [presenter(s)] and do not reflect the official views or policy of the Department of Defense or its Components"

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving humans:
"The voluntary, fully informed consent of the subjects used in this research was obtained as required by 32 CFR 219 and DODI 3216.02_AFI 40-402."

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving animals, as required by AFMAN 40-401_IP :
"The experiments reported herein were conducted according to the principles set forth in the National Institute of Health Publication No. 80-23, Guide for the Care and Use of Laboratory Animals and the Animal Welfare Act of 1966, as amended."

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

1. TO: CLINICAL RESEARCH	2. FROM: (Author's Name, Rank, Grade, Office Symbol)	3. GME/GHSE STUDENT:	4. PROTOCOL NUMBER:
	Sandra Valtier/GS13/ST	☐ YES ☒ NO	FWA0001750

5. PROTOCOL TITLE: (**NOTE:** For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.)

Identification Of Risk Factors That Predict Long-Term Opioid Use And Subsequent Adverse Events

6. TITLE OF MATERIAL TO BE PUBLISHED OR PRESENTED:

Feasibility of Implementing an Opioid Risk Mitigation System

7. FUNDING RECEIVED FOR THIS STUDY? ☒ YES ☐ NO FUNDING SOURCE: JPC-5 Substance Abuse Working Group

8. DO YOU NEED FUNDING SUPPORT FOR PUBLICATION PURPOSES: ☐ YES ☒ NO

9. IS THIS MATERIAL CLASSIFIED? ☐ YES ☒ NO

10. IS THIS MATERIAL SUBJECT TO ANY LEGAL RESTRICTIONS FOR PUBLICATION OR PRESENTATION THROUGH A COLLABORATIVE RESEARCH AND DEVELOPMENT AGREEMENT (CRADA), MATERIAL TRANSFER AGREEMENT (MTA), INTELLECTUAL PROPERTY RIGHTS AGREEMENT ETC.?
☐ YES ☒ NO **NOTE:** If the answer is YES then attach a copy of the Agreement to the Publications/Presentations Request Form.

11. MATERIAL IS FOR: ☒ DOMESTIC RELEASE ☐ FOREIGN RELEASE
CHECK APPROPRIATE BOX OR BOXES FOR APPROVAL WITH THIS REQUEST. ATTACH COPY OF MATERIAL TO BE PUBLISHED/PRESENTED.

☐ 11a. PUBLICATION/JOURNAL (List intended publication/journal.)

☐ 11b. PUBLISHED ABSTRACT (List intended journal.)

☐ 11c. POSTER (To be demonstrated at meeting: name of meeting, city, state, and date of meeting.)

☒ 11d. PLATFORM PRESENTATION (At civilian institutions: name of meeting, state, and date of meting.)
2016 SURF Meeting, Tx 20 May 2016

☐ 11e. OTHER (Describe: name of meeting, city, state, and date of meeting.)

12. EXPECTED DATE WHEN YOU WILL NEED THE CRD TO SUBMIT YOUR CLEARED PRESENTATION/PUBLICATION TO DTIC
NOTE: All publications/presentations are required to be placed in the Defense Technical Information Center (DTIC).

DATE	

13. 59 MDW PRIMARY POINT OF CONTACT (Last Name, First Name, M.I., email)	14. DUTY PHONE/PAGER NUMBER
Valtier, Sandra sandra.valtier@us.af.mil	292-0504

15. AUTHORSHIP AND CO-AUTHOR(S) List in the order they will appear in the manuscript.

LAST NAME, FIRST NAME AND M.I.	GRADE/RANK	SQUADRON/GROUP/OFFICE SYMBOL	INSTITUTION (If not 59 MDW)
a. Primary/Corresponding Author Erin Finley			UTHSCSA/South Texas VA
b. Jennifer S. Potter			UTHSCSA
c.			
d.			
e.			
f.			

I CERTIFY ANY HUMAN OR ANIMAL RESEARCH RELATED STUDIES WERE APPROVED AND PERFORMED IN STRICT ACCORDANCE WITH 32 CFR 219, AFMAN 40-401_IP, AND 59 MDWI 41-108. I HAVE READ THE FINAL VERSION OF THE ATTACHED MATERIAL AND CERTIFY THAT IT IS AN ACCURATE MANUSCRIPT FOR PUBLICATION AND/OR PRESENTATION.

16. AUTHOR'S PRINTED NAME, RANK, GRADE	17. AUTHOR'S SIGNATURE	18. DATE
Sandra Valtier, GS13	VALTIER.SANDRA.1230996403	May 10, 2016
19. APPROVING AUTHORITY'S PRINTED NAME, RANK, TITLE	20. APPROVING AUTHORITY'S SIGNATURE	21. DATE
Brenda J. Morgan, Col, Director 59 MDW Nursing Research Division	MORGAN.BRENDA.J.1135106085	May 11, 2016

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

1st ENDORSEMENT (59 MDW/SGVU Use Only)

TO: Clinical Research Division 59 MDW/CRD Contact 292-7141 for email instructions.	22. DATE RECEIVED May 16, 2016	23. ASSIGNED PROCESSING REQUEST FILE NUMBER 16213

24. DATE REVIEWED	25. DATE FORWARDED TO 502 ISG/JAC
16 May 2016	

26. AUTHOR CONTACTED FOR RECOMMENDED OR NECESSARY CHANGES: ☒ NO ☐ YES If yes, give date. _____ ☐ N/A

27. COMMENTS ☒ APPROVED ☐ DISAPPROVED

The presentation is approved.

28. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	29. REVIEWER SIGNATURE	30. DATE
Rocky Calcote, PhD, Clinical Research Administrator	CALCOTE.ROCKY.D.1178245844	

2nd ENDORSEMENT (502 ISG/JAC Use Only)

31. DATE RECEIVED	32. DATE FORWARDED TO 59 MDW/PA

33. COMMENTS ☐ APPROVED (In compliance with security and policy review directives.) ☐ DISAPPROVED

34. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	35. REVIEWER SIGNATURE	36. DATE

3rd ENDORSEMENT (59 MDW/PA Use Only)

37. DATE RECEIVED	38. DATE FORWARDED TO 59 MDW/SGVU
May 16, 2016	May 17, 2016

39. COMMENTS ☒ APPROVED (In compliance with security and policy review directives.) ☐ DISAPPROVED

40. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	41. REVIEWER SIGNATURE	42. DATE
Christopher Carwile, TSgt/E-6, NCOIC, PA	CARWILE.CHRISTOPHER.STEWART.1280477229	May 17, 2016

4th ENDORSEMENT (59 MDW/SGVU Use Only)

43. DATE RECEIVED	44. SENIOR AUTHOR NOTIFIED BY PHONE OF APPROVAL OR DISAPPROVAL ☐ YES ☐ NO ☐ COULD NOT BE REACHED ☐ LEFT MESSAGE

45. COMMENTS ☐ APPROVED ☐ DISAPPROVED

46. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	47. REVIEWER SIGNATURE	48. DATE

WE MAKE LIVES BETTER
UT HEALTH SCIENCE CENTER®
SAN ANTONIO

Feasibility of Implementing an Opioid Risk Mitigation System

Qualitative Lead: Erin P. Finley, Ph.D., M.P.H.
Principal Investigator Jennifer Sharpe Potter, Ph.D., M.P.H.
May 20, 2016

WE MAKE LIVES BETTER
UT HEALTH SCIENCE CENTER®
SAN ANTONIO

Disclaimer

The views expressed are those of the presenters and do not reflect the official views or policy of the DoD or its components.

The voluntary, fully informed consent of the subjects used in this research was obtained as required by 32 CFR 219 and DODI 3216.02_AFI 40-402.

WE MAKE LIVES BETTER
UT HEALTH SCIENCE CENTER®
SAN ANTONIO

Overview

- Qualitative Goals
- Data collection methods
- Preliminary findings
- Next steps and problem-solving

WE MAKE LIVES BETTER
UT HEALTH SCIENCE CENTER®
SAN ANTONIO

Goals

Wave 1

- To identify providers' knowledge, attitudes, and behaviors regarding opioid prescription management and monitoring
- To learn from providers about what would be necessary to make expected reports useful and functional in their setting/context

Wave 2

- Return to providers with plan for PDMP and/or generated reports to assess feedback, barriers and facilitators, and training/facilitation needs for successful implementation

WE MAKE LIVES BETTER
UT HEALTH SCIENCE CENTER®
SAN ANTONIO

Recruitment and Methods

- Referrals, calling and follow-up
- BAMC visit
- Brief telephone interviews (15-20 minutes)
- No audiorecording -> corroborated note-taking

WE MAKE LIVES BETTER
UT HEALTH SCIENCE CENTER®
SAN ANTONIO

Interviews

25 formal (6 informal), with diversity in:

- **Specialty:** emergency medicine physicians (13), psychologist , orthopedic surgeon, internists (4), geriatrics/palliative care, nurse manager (MSN, RN), RN, PharmD, PA, Pain specialists (2, 1 scheduled), family/community medicine
- **Roles:**
  - 5 identifiers
  - 19 prescribers (1 more scheduled)
  - 1 responder
- **Services:**
  - 12 Air Force (including retired and active duty)
  - 13 Army
  - 5 Civilian

WE MAKE LIVES BETTER
UT HEALTH SCIENCE CENTER®
SAN ANTONIO

Interview Content

- PARIHS (Promoting Action on Implementation Research in Health Services)

- Literature review focusing on:
  - Barriers and facilitators/implementation/uptake

WE MAKE LIVES BETTER
UT HEALTH SCIENCE CENTER®
SAN ANTONIO

PARIHS

Perceived Evidence

- Research/practice guidelines
- Clinical experiences and perceptions
- Patient experiences, needs, and preferences (perceived)
- Local practice information
- Characteristics of the targeted evidence-based practice

Context

- Leadership support
- Culture
- Evaluation capabilities
- Receptivity to the targeted innovation/change

WE MAKE LIVES BETTER
UT HEALTH SCIENCE CENTER®
SAN ANTONIO

Literature search

- Facilitators
  - PDMP users believe in their utility
- Barriers
  - Lack of awareness
  - Lack of training
  - User interface complexity
  - Time burden
  - Delay in data
- Little available literature on contextual readiness and facilitation

WE MAKE LIVES BETTER
UT HEALTH SCIENCE CENTER®
SAN ANTONIO

Analysis

- Dedoose
  - Online software for mixed-method studies
- Revision(s) of initial coding scheme
- Initial coding and training (2 coders, 3rd for 50%)
- 16 interviews coded
- Focus on "big bucket" coding → themes identified using PARIHS and prior literature search
- Attentive to emergent concerns

WE MAKE LIVES BETTER
UT HEALTH SCIENCE CENTER®
SAN ANTONIO

Results

- Complex clinical decision-making
  - Baseline behaviors for opioid prescribing and monitoring

    Crux of the decision depends on whether it's acute or chronic pain. For acute, I am likely to give opiates. For fracture or traumatic injuries, I will certainly give opioids. Hydrocodone rather than oxy because oxy causes more nausea. Chronic pain I'm very less likely to give opioids unless it is one of the situations where 'oh the dog ate my prescription', then I will give 10 pills to hold them over until they talk to or get back to their pain management specialist. I only give enough to bridge them over until they can see their primary. I very much disapprove of pain meds for chronic pain.

WE MAKE LIVES BETTER
UT HEALTH SCIENCE CENTER®
SAN ANTONIO

Clinical Experiences and Perceptions

- Provider role/setting
- Education/training
  - Formal training in pain or substance abuse relatively rare
- Prior PDMP experience
  - Few mention use of Texas PDMP
  - More common mention of PDMP use (self/observed) during residency elsewhere

I really liked it. For residents it was very helpful. However, all you can do is judge based on info on the screen. There's not really a way to assess if there were holes in the information. For us, we were at the state border, so the patient information wouldn't always carry over into the system. Sometimes we wouldn't see if they got a medication across the border.

WE MAKE LIVES BETTER
UT HEALTH SCIENCE CENTER®
SAN ANTONIO

Clinical Experiences and Perceptions

- Tensions and balancing act
  - Appropriate/ethical practice
  - Patient satisfaction

There are the ones [providers] that give out all the meds that patients ask for. There's also clinical reasons for less concerned providers. It depends on the setting. Also depends on recent ratings in emergency medicine. Patient satisfaction is usually based on if they get what they want. You're aware that your [patient satisfaction] score increases or decreases depending on that. We typically take criticism from our supervisor or whoever reviews the complaints, but there are competing interests in the way the system works.

WE MAKE LIVES BETTER
UT HEALTH SCIENCE CENTER®
SAN ANTONIO

Patient Needs and Preferences

- Patient population
  - Active duty, retirees, dependents, injured, polytrauma
- Opioid abuse/misuse/diversion
- Patient needs and vulnerabilities
  - *Let me make a comment on the civilian side. Oxy and hydrocodone were made Schedule II last year. You have to have a triplicate to get it. Most guys don't have that and they're just giving them Tylenol 3, but it doesn't work for 20% of the patients who have the enzyme to break it down in the body. What's going on is that people can't get the oxy anymore because people don't prescribe them anymore, so now we have this huge surge in heroin. Any kind of attempt to limit opiate access… these people are sick and they have an addiction, they are going to get heroin instead.*

WE MAKE LIVES BETTER
UT HEALTH SCIENCE CENTER®
SAN ANTONIO

Perceived Characteristics of PDMPs

- Relative advantage
  - *[The current system] would only come back positive on CHCS if they used Tricare. If they went to see someone paying in cash, You wouldn't see that. The Louisiana [PDMP] would tell you that no matter what method they use to pay. The DoD is limited in that you can only see what Tricare was being billed for. Louisiana is contracted by several other states that would ping other nearby states. Ideally [the military PDMP] it would be integrated with state systems and neighboring states.*

WE MAKE LIVES BETTER
UT HEALTH SCIENCE CENTER®
SAN ANTONIO

Perceived Characteristics of PDMPs, II

- Compatibility, complexity, and design
  - Ease of use
  - Ease of access (e.g., available to residents, mid-levels, medical licenses in other states)
- Acceptability
  - *Any tool that makes me a better provider for my patient would be good. My colleagues would say the same thing.*
  - Concerns/perceived problems with PDMP
    - *It's hard for us to see too many downsides. The only thing is that it may avoid people from getting medication that they need. Other than that can't see anything else*

WE MAKE LIVES BETTER
UT HEALTH SCIENCE CENTER®
SAN ANTONIO

Context

- New electronic health record (EHR)
- Military slow to adopt
- Busy providers
- Current workflow
- Leadership/chain of command
- Experiences with military EHRs

There's already a system [in the military] called CHCS, which is an EHR system. It is not user friendly. Ideally, [a new PDMP] would be something that needs to be integrated into the current system or workflow. If there's some way to monitor what meds are getting to some people. The only ones we can see is from military providers. If you want to see what non-military providers are prescribing, you have to really dig for it. It's not an intuitive method to find it. You have to really know how to do it. There's so many steps to go through... It needs to be robust in the sense that it needs to be comprehensive and can access easily. It needs to be integrated.

WE MAKE LIVES BETTER
UT HEALTH SCIENCE CENTER®
SAN ANTONIO

PDMP Reports

- Information to include
  - Diagnosis
  - Prescriptions, prescriber, setting received, dose, number pills
    - Varying time periods
  - Prior history of substance abuse or other risk factors
- User interface
- Location
- EHR Integration

WE MAKE LIVES BETTER
UT HEALTH SCIENCE CENTER®
SAN ANTONIO

Conclusions

- Military providers at times struggle to access necessary information to inform safe and high-quality pain care
- Providers report that a military-based PDMP would offer valuable tool for clinical decision-making
- PDMP would need to be well-integrated into current/future EHR systems and clinic workflows to be of highest utility
- Ease of access across clinical team should be considered
- Initial and ongoing training on PDMP is likely to be important in ensuring optimal use and continuous learning

WE MAKE LIVES BETTER
UT HEALTH SCIENCE CENTER®
SAN ANTONIO

Thank you!

Contact: Erin P. Finley, PhD MPH

finleye@uthscsa.edu